

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3268

44

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 5 wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4713			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hosp.				d. STREET ADDRESS (If rural, give location) 1418 Andrews			
3. NAME OF DECEASED (Type or Print) Thomas Jos. Brown		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Jan. 7, 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 25, 1889		9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mos. Picture Projectionist		11. BIRTHPLACE (State or foreign country) Montgomery City Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Thos. Jos. Brown		13b. MOTHER'S MAIDEN NAME Lydia ?		14. NAME OF HUSBAND OR WIFE Lulu Robertson Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-05-4527		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lulu Brown RR#2 Box 29 Sullivan Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aneurysm  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Athero sclerosis of the Artery DUE TO (c) Hypertension  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 20, 1949, to Jan 7, 1951, that I last saw the deceased alive on Jan 7, 1951, and that death occurred at 6:15 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wesley B. Bawell M.D.				23b. ADDRESS 6376 Clayton Rd		23c. DATE SIGNED 1/8/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10 Jan. 1950		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood Missouri	
DATE REC'D BY LOCAL REG. 1/8/51		REGISTRAR'S SIGNATURE Herbert R. Donker M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mittelberg Funeral Home 23. Lockwood Webster Groves Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*J. Wm B. Binkley*

Licensed Embalmer No. 3657

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.